

# SINGLE BUSINESS TAX NOTICE of NO SBT RETURN REQUIRED

This form is issued under authority of P.A. 228 of 1975.  
See instruction booklet for filing guidelines.

# C-8030 1999

**STOP!** Read the instructions on the back before completing this form.

- **1** This return is for calendar year **1999** or for the following tax year

Beginning Date	
month	year
	1999

Ending Date	
month	year

- 2 Name(including DBA), Address, City, State, ZIP

- 3 Federal Employer ID No. (FEIN) or TR No.

- 4 Enter your gross receipts.

Tax periods less than 12 months must be annualized, see instructions.

If the business is taxable in another state, use apportioned gross receipts and attach form C-8000H.....

4 \_\_\_\_\_

- 5 Enter your recapture of capital acquisition deduction, and attach form C-8000D.....

5 \_\_\_\_\_

- 6 **Adjusted Gross Receipts.** Add lines 4 and 5.....

► 6 \_\_\_\_\_

- 7 Enter your business income for the taxable year.....

► 7 \_\_\_\_\_

- 8 Check this box if your adjusted gross receipts (line 6) are less than \$250,000 **and** you expect this situation to continue or if your business discontinued. If you check this box, we will make your SBT account inactive. If your gross receipts plus recapture are \$250,000 or more, you must file an *SBT Annual Return* (form C-8000 or C-8044) even if you owe no tax .....

► 8 ☐

- 9 Check this box if someone else prepares your return and you DO NOT need a book mailed to you .....

► 9 ☐

**If the amount on line 6 is \$250,000 or more, you must file an annual return.**

## SIGNATURE, DECLARATION AND AUTHORIZATION

### TAXPAYER'S DECLARATION

*I declare, under penalty of perjury, that this return is true and correct to the best of my knowledge.*

- ☐ I authorize Treasury to discuss my return with my preparer.  
☐ Do not discuss my return with my preparer.

Taxpayer's Signature

Taxpayer's Name Printed

Date

Title

### PREPARER'S DECLARATION

*I declare, under penalty of perjury, that this return is based on all information of which I have any knowledge.*

Preparer's Signature

Date

Preparer's Name Printed

Business Address, Phone and Identification Number

**Attach all applicable schedules and mail to:**

Michigan Department of Treasury  
P.O. Box 30059  
Lansing, MI 48909

**Corporations :** Attach a copy of your U.S. 1120, 1120A or 1120S pages 1 - 4. If you file as part of a consolidated federal return, attach a consolidated (or proforma) schedule.

**Individuals & Fiduciaries :** Attach copies of U.S. 1040 Schedule C, C-EZ, D and E and 4797.

**Partnerships :** Attach copies of U.S. 1065, pages 1 - 4 and 8825.

**Limited Liability Companies :** Attach appropriate schedules shown above based on federal return filed.

[www.treasury.state.mi.us](http://www.treasury.state.mi.us)

